



**MONTHLY QUALITY INDICATOR
COMPARISON REPORT
ACKNOWLEDGEMENT OF RECEIPT**

I, _____, acknowledge
that I have received a Monthly Quality Indicator Comparison Report for
_____ (month, year) for the following facilities:

FACILITY NAME	CITY
(1)	
(2)	
(3)	
(4)	
(5)	

I understand that:

- These reports were meant for my personal use and therefore should not be disseminated or shared with anyone who will disseminate them.
- These reports may not be photocopied or reproduced.
- The data contained in these reports may not be published or posted on the Internet.

I would prefer to:

_____ have these reports mailed to the following address:

Street					
City		State		Zip	

_____ pickup these reports at the ISDH building in Indianapolis.

Please call me when the reports are reproduced. (Be aware a signed release is required by CMS before the reports can be provided.)

My Telephone Number	
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Name of Requestor: _____ DATE: _____

Report Released by ISDH Official

NAME

DATE